

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 15-10229 ESL
PABLO JOEL CRUZ NARVAEZ	*	CHAPTER 7
DENISE MARIE DELGADO VELAZQUEZ	*	
<u>DEBTORS</u>		

DEBTORS' NOTICE OF FILING OF AMENDED SCHEDULE "E/F" FORM 106E/F

TO THE HONORABLE COURT:

COME NOW, PABLO JOEL CRUZ NARVAEZ and DENISE MARIE DELGADO VELAZQUEZ, the Debtors in the above captioned case, through the undersigned attorney, and very respectfully state and pray as follows:

1. The Debtors are hereby submitting **Amended Schedules "E/F"** dated December 18, 2017, herewith and attached to this motion.

2. The amendment to Schedule "E/F" is filed to **include post-petition debt owed to previously listed priority unsecured creditors: Internal Revenue Service, PO Box 21126 Philadelphia PA 19114-0326, post-petition claims for 06/30/2016 (\$853.19) and 05/29/2017 (\$710.38); Treasury Department of PR, Bankruptcy Division PO Box 9024140 San Juan PR 00902-4140, post-petition claims for 2014-2015 (\$518.12) and 2016 (\$394.57)**, in the above captioned case.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

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Notice of Amended Schedule "E/F"
Case no. 15-10229 ESL7

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 7 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtors and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 19th day of December, 2017.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR PETITIONERS
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699 FAX 787-746-5294
Email: rfigueroa@rfclawpr.com

Fill in this information to identify your case:

Debtor 1	PABLO JOEL CRUZ NARVAEZ
	First Name Middle Name Last Name
Debtor 2 (Spouse if, filing)	DENISE MARIE DELGADO VELAZQUEZ
	First Name Middle Name Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION
Case number (if known)	3:15-bk-10229

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Department of Treasury Priority Creditor's Name Bankruptcy Section PO Box 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$99.58	\$90.68	\$8.90

Debtor 1 CRUZ NARVAEZ, PABLO JOEL & DELGADO
Debtor 2 VELAZQUEZ, DENISE MARIE

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2.2	Department of Treasury Priority Creditor's Name Bankruptcy Section PO Box 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	\$637.14 \$637.14 \$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	

2.3	Department of Treasury Priority Creditor's Name Bankruptcy Section PO Box 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	2695 \$518.12 \$518.12 \$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	

2.4	Department of Treasury Priority Creditor's Name Bankruptcy Section PO Box 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred?	2695 \$394.57 \$394.57 \$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	

Debtor 1 **CRUZ NARVAEZ, PABLO JOEL & DELGADO**
 Debtor 2 **VELAZQUEZ, DENISE MARIE**

Case number (if know) **3:15-bk-10229**

2.5	Internal Revenue Service Priority Creditor's Name PO Box 21126 Philadelphia, PA 19114-0326 Number Street City State Zip Code	Last 4 digits of account number 4146 \$14,510.98 \$10,039.29 \$4,471.69
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____

2.6	Internal Revenue Service Priority Creditor's Name PO Box 21126 Philadelphia, PA 19114-0326 Number Street City State Zip Code	Last 4 digits of account number 4146 \$1,563.57 \$1,563.57 \$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____

2.7	Internal Revenue Service Priority Creditor's Name PO Box 21126 Philadelphia, PA 19114-0326 Number Street City State Zip Code	Last 4 digits of account number 4146 \$853.19 \$853.19 \$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 06/30/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____

Debtor 1 **CRUZ NARVAEZ, PABLO JOEL & DELGADO**
 Debtor 2 **VELAZQUEZ, DENISE MARIE**

Case number (if known) **3:15-bk-10229**

<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">2.8</div> Internal Revenue Service Priority Creditor's Name PO Box 21126 Philadelphia, PA 19114-0326 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4146 When was the debt incurred? 05/29/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$710.38 \$710.38 \$0.00
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Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?
- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.1</div> Amex Nonpriority Creditor's Name PO Box 297871 Fort Lauderdale, FL 33329-7871 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7403 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	Total claim \$1,014.77
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Debtor 1 **CRUZ NARVAEZ, PABLO JOEL & DELGADO**
Debtor 2 **VELAZQUEZ, DENISE MARIE**

Case number (f know) **3:15-bk-10229**

4.2	Banco Popular de Puerto Rico Nonpriority Creditor's Name Bankruptcy Department PO Box 366818 San Juan, PR 00936-6818 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0101</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$8,483.52
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4.3	Banco Popular de Puerto Rico Nonpriority Creditor's Name Bankruptcy Department PO Box 366818 San Juan, PR 00936-6818 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$9,463.36
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4.4	Banco Santander de PR Nonpriority Creditor's Name PO Box 326589 San Juan, PR 00936-2589 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$2,743.78
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Debtor 1 CRUZ NARVAEZ, PABLO JOEL & DELGADO
Debtor 2 VELAZQUEZ, DENISE MARIE

Case number (if know) 3:15-bk-10229

<div>4.5</div> <div>DTOP Nonpriority Creditor's Name PO Box 41269 Minillas Station San Juan, PR 00940-1269 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 2695 \$591.50</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Tickets: #17565891; #33374041; #33374040; #34643687; #34643685; #34643686; #29546009 <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.6</div> <div>Island Finance Nonpriority Creditor's Name PO Box 71504 San Juan, PR 00936-8604 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number _____ \$4,743.18</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.7</div> <div>Midland Credit Management, Inc. Nonpriority Creditor's Name 8875 Aero Drive Suite 200 San Diego, CA 92123 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number _____ \$299.69</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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Debtor 1 **CRUZ NARVAEZ, PABLO JOEL & DELGADO**
Debtor 2 **VELAZQUEZ, DENISE MARIE**

Case number (if know) **3:15-bk-10229**

<div>4.8</div> <div>Midland Credit Management, Inc. Nonpriority Creditor's Name 8875 Aero Drive Suite 200 San Diego, CA 92123 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number _____ \$720.08</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.9</div> <div>Money Express Nonpriority Creditor's Name PO Box 9146 San Juan, PR 00908-0146 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number _____ \$4,995.81</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.10</div> <div>Old Navy Visa/Synco Nonpriority Creditor's Name PO Box 960017 Orlando, FL 32896-0017 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 7333 \$65.00</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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Debtor 1 CRUZ NARVAEZ, PABLO JOEL & DELGADO
Debtor 2 VELAZQUEZ, DENISE MARIE

Case number (if known) 3:15-bk-10229

<div>4.11</div> <div>Sears/Cbna Nonpriority Creditor's Name</div> <div>133200 Smith Rd Cleveland, OH 44130 Number Street City State Zip Code</div> <div>Who incurred the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 4947 \$2,382.00</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.12</div> <div>Thd/Cbna Nonpriority Creditor's Name</div> <div>PO Box 6497 Sioux Falls, SD 57117-6497 Number Street City State Zip Code</div> <div>Who incurred the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 1616 \$511.00</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.13</div> <div>Universal Insurance Company Nonpriority Creditor's Name</div> <div>PO Box 71338 San Juan, PR 00936-8438 Number Street City State Zip Code</div> <div>Who incurred the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 8253 \$180.25</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **CRUZ NARVAEZ, PABLO JOEL & DELGADO**
Debtor 2 **VELAZQUEZ, DENISE MARIE**

Case number (f.know) **3:15-bk-10229**

Name and Address
Central Credit Services LLC
PO Box 357
Ramsey, NJ 07446-0357

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7403

Name and Address
Quantum3 Group LLC
PO Box 788
Kirkland, WA 98083-0788

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Quantum3 Group LLC
PO Box 788
Kirkland, WA 98083-0788

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Synchrony Bank/Sams Club
PO Box 965005
Orlando, FL 32896-5005

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	19,287.53
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	19,287.53
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	36,193.94
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	36,193.94

Fill in this information to identify your case:

Debtor 1 PABLO JOEL CRUZ NARVAEZ
First Name Middle Name Last Name

Debtor 2 DENISE MARIE DELGADO VELAZQUEZ
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:15-bk-10229
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ PABLO JOEL CRUZ NARVAEZ
PABLO JOEL CRUZ NARVAEZ
Signature of Debtor 1

Date December 18, 2017

X /s/ DENISE MARIE DELGADO VELAZQUEZ
DENISE MARIE DELGADO VELAZQUEZ
Signature of Debtor 2

Date December 18, 2017

Label Matrix for local noticing
0104-3
Case 15-10229-ESL7
District of Puerto Rico
Old San Juan
Mon Dec 18 16:12:18 AST 2017

FIRSTBANK PR
PO BOX 9146
SAN JUAN, PR 00908-0146

MONEY EXPRESS
PO BOX 9146
SAN JUAN, PR 00908-0146

Quantum3 Group LLC as agent for
MOMA Funding LLC
PO Box 788
Kirkland, WA 98083-0788

Quantum3 Group LLC as agent for
Sadino Funding LLC
PO Box 788
Kirkland, WA 98083-0788

UNITED STATES TRUSTEE
500 TANCA ST STE 301
SAN JUAN, PR 00901-1922

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

American Express Bank FSB
c/o Becket and Lee LLP
PO Box 3001
Malvern PA 19355-0701

Amex
PO Box 297871
Fort Lauderdale, FL 33329-7871

BANCO SANTANDER PUERTO RICO
DIV QUIEBRAS
PO BOX 362589
SAN JUAN PR 00936-2589

Banco Popular de Puerto Rico
Bankruptcy Department
PO Box 366818
San Juan, PR 00936-6818

Banco Santander Puerto Rico
207 Ponce De Leon
San Juan, PR 00917-1818

Ebva Puerto Rico
Carr
174 Km 1.9 Centro I
Bayamon, PR 00959

Central Credit Services LLC
PO Box 357
Ramsey, NJ 07446-0357

DTOP
PO Box 41269 Minillas Station
San Juan, PR 00940-1269

IRS
PO Box 7346
Philadelphia, PA 19101-7346

Island Finance
Caguas Plaza Centro
PO Box 610
Caguas, PR 00726-0610

Island Finance
PO Box 71504
San Juan, PR 00936-8604

MONEY EXPRESS
CONSUMER SERVICE CENTER
BANKRUPTCY DIVISION (CODE 248)
PO BOX 9146, SAN JUAN PR 00908-0146

Midland Credit Management, Inc. as agent for
Midland Funding LLC
PO Box 2011
Warren, MI 48090-2011

Money Express
Bankruptcy Division
PO Box 9146
San Juan, PR 00908-0146

Old Navy Visa/Synch
PO Box 960017
Orlando, FL 32896-0017

SANTANDER FINANCIAL D/B/A ISLAND FINANCE
PO BOX 195369
SAN JUAN PR 00919-5369

Santander
PO Box 71504
San Juan, PR 00936-8604

Scotiabank de Puerto Rico
PO Box 363368
San Juan, PR 00936-3368

Sears/Cbna
133200 Smith Rd
Cleveland, OH 44130

Synch/Walmart
4125 Windward Plz
Alpharetta, GA 30005-8738

Synch/tjx Cos
PO Box 965015
Orlando, FL 32896-5015

TREASURY DEPARTMENT
BANKRUPTCY SECTION
PO BOX 9024140
SAN JUAN, PR 00902-4140

Thd/Cbna
PO Box 6497
Sioux Falls, SD 57117-6497

Universal Insurance Company
PO Box 71338
San Juan, PR 00936-8438

ALEJANDRO OLIVERAS RIVERA
CHAPTER 13
PO BOX 9024062
SAN JUAN, PR 00902-4062

DENISE MARIE DELGADO VELAZQUEZ
URB MIRADOR DE BAIROA 2R3 27 STREET
CAGUAS, PR 00727-1035

MONSITA LECAROS ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

NOREEN WISCOVITCH RENTAS
PMB 136
400 CALAF STREET
SAN JUAN, PR 00918-1314

PABLO JOEL CRUZ NARVAEZ
URB MIRADOR DE BAIROA 2R3 27 STREET
CAGUAS, PR 00727-1035

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)Quantum3 Group LLC as agent for
MOMA Funding LLC
PO Box 788
Kirkland, WA 98083-0788

(d)Quantum3 Group LLC as agent for
Sadino Funding LLC
PO Box 788
Kirkland, WA 98083-0788

End of Label Matrix	
Mailable recipients	36
Bypassed recipients	2
Total	38